

LEAVE SAMPLES ON LAB CART. RESULTS WILL BE PHONED OR EMAILED TO YOU.



Utah County Cooperative Extension Service
100 East Center, L 600
Provo, UT 84606 Phone: 801-370-8460

TREES & SHRUBS

Diagnostic Lab
Form

\$1.00 paid _____

1. Date: _____
2. For: Commercial _____ Homeowner _____
3. Name: _____

4. Mailing Address:

City _____ State _____

Zip Code _____

5. Phone Number:

Home: _____

Work: _____

Email: _____

6. Plant Name (Common or Scientific):

7. Where is the plant found? (Circle)

Field	Forest	Nursery
Indoors	Front Yard	Back Yard
Lawn	Orchard	Greenhouse
Other _____		

8. Miscellaneous Information:

Age of the plant _____

Is the problem getting worse? _____

When was the problem first observed?

9. What is the soil like? (Circle)

Sandy Loam Clay Other _____

10. Drainage: (Circle)

Good Fair Poor

11. Watering:

How often do you water? _____

How long do you water? _____

What time of day do you water? _____

Describe irrigation system: (Circle)

Sprinkler Soaker By hand

Stationary Drip

12. Plant part(s) Affected: (Circle)

Stems Roots Leaves

Flowers Fruit Other _____

13. Symptoms: (Circle)

Die Back Yellowing Leaf Drop

Leafspots/blight Leaf Holes

Marginal Burn Skeletonizing

Borer Holes Streaks Mosaic

Galls Wilting

Other: _____

14. Pesticides and fertilizers:

Name of product _____

Rate and date applied

15. Describe symptom development: